EXHIBIT F

HDS

Form DC-135A **INMATE'S REQUEST TO STAFF MEMBER**	Commonwealth of Pennsylvania Department of Corrections INSTRUCTIONS Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.
1. To: (Name and Title of Officer) Inmate Employment	2. Date: 6-1-20
3. By: (Print Inmate Name and Number) Joseph W Shegys GM1483 _____ Inmate Signature	4. Counselor's Name Mr K
	5. Unit Manager's Name Ms D RECEIVED
6. Work Assignment Unknown	7. Housing Assignment B-A-22-H/D
8. Subject: State your request completely but briefly. Give details.	

I haven't received pay since 2-23-20

We had a staffing without me receiving any

paperwork, suspension notice or misconduct.

So, do I lose my job because I spoke up

about a staff using abusive language of writing

a grievance about racial discrimination.

The staffing was 3-04-20 it is now 6-1-20

and is my work history a factor in the staffing?

9. Response: (This Section for Staff Response Only)

A job removal staffing request was received by this office on 3/24/20. We did not hold the staffing until 4/29/20. You were suspended without pay effect 4/30 you started receiving GLD. For the pay period 4/14-5/13/20 you received 10 days @ .72 = $7.20 The current pay period 5/14-6/13/20 will be available by 6/19/20

To DC-14 CAR only ☐	To DC-14 CAR and DC-15 IRS ☐

Staff Member Name _____ / _____ Date _____
                        Print   Sign

Revised July 2000